



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

Prevocational medical training accreditation –  
report for:

Te Whatu Ora – Health New Zealand Te Tai  
Tokerau

Date of site visit: 29 and 30 April 2024

Date of report: 15 August 2024

## Background

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) accredits training providers to provide prevocational medical education and training through the delivery of an intern training programme.

To be accredited, training providers must have:

- structures and systems in place to ensure interns have sufficient opportunity:
  - to attain the learning outcomes outlined in the 14 learning activities of the curriculum, and
  - to satisfactorily complete the requirements for prevocational medical training over the course of PGY1 and PGY2
- an integrated system of education, support and supervision for interns
- individual clinical attachments that meet Council's accreditation standards and provide a breadth of clinical experience and high-quality education and learning.

The standards for accreditation of training providers identify the fundamental elements that must exist in all accredited intern training programmes while allowing flexibility in the ways in which the training provider can demonstrate they meet the accreditation standards.

Prevocational medical training (the intern training programme) spans the two years following registration with Council and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Prevocational medical training must be completed by all graduates of Aotearoa New Zealand and Australian accredited medical schools and doctors who are registered in the provisional general scope of practice via the Examinations pathway (who have passed a recognised clinical examination). Doctors undertaking this training are referred to as interns.

The aim of the intern training programme is to ensure that interns further develop their clinical and professional skills. The intern training programme is based on adult learning principles and has at its core a personally developed professional development plan (PDP).

The training provider must be accredited for the purposes of providing prevocational medical training. The training provider must ensure that there are a variety of accredited clinical attachments that provide quality training, supervision and assessment that allows interns to gain a breadth of experience and to achieve the learning outcomes outlined in the 14 learning activities of the curriculum. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider. Clinical attachments take place in a variety of health care settings, including hospitals and community-based settings.

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of up to 4 years. However, progress and annual reports may be requested during this period.

More information is in Council's [\*Policy on the accreditation of prevocational medical training providers\*](#).



**Te Kaunihera  
Rata o  
Aotearoa**

Medical  
Council of  
New Zealand

## The Medical Council of New Zealand's accreditation of Te Whatu Ora – Te Tai Tokerau

<b>Name of training provider:</b>	Te Whatu Ora – Te Tai Tokerau
<b>Name of sites:</b>	Whangarei Hospital
<b>Date of accreditation visit:</b>	29 and 30 April 2024
<b>Accreditation visit panel members:</b>	Dr Jules Schofield (Accreditation panel Chair) Dr Jacob Ward Dr Philip Morreau Ms Kim Ngarimu Dr Sofia Huddart Mr Chris Jenkinson
<b>Date of previous accreditation visit:</b>	1 and 2 September 2021
<b>Key staff the accreditation visit panel met:</b>	
Chief Medical Officer:	Jennifer Walker
Director of Prevocational Training:	Adam Mullan
Prevocational Educational Supervisors:	Frazer Anderson Erin Doherty Fiona Bowles
RMO unit staff:	Amanda McCarroll Sue Cresswell Luke Claris
Clinical Education & Training unit staff:	Eloise Neeley
Māori health team:	Malcolm Robson Mike Pocklington Dillon Manuirirangi Noel Pritchard
<b>Key data about the training provider (as of 30 April 2024):</b>	
Number of interns at training provider:	
Number of PGY1s:           23	Number of PGY2s:       23
Number of accredited clinical attachments:	56
Number of accredited community based attachments:	6

## Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Te Whatu Ora | Health New Zealand – Te Tai Tokerau (Te Tai Tokerau) against the Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

The accreditation panel is grateful to the leadership of Te Tai Tokerau, its clinical education and training unit and RMO unit staff, Māori health team, educational supervisors and interns. Their warm welcome, hospitality and preparation for the visit was appreciated.

### **Context**

Te Tai Tokerau is committed to providing a high-quality environment for prevocational medical education and training. In spite of the multiple challenges presented by the health reforms, this enthusiasm and commitment is apparent across all staff that the accreditation panel met during the visit, and is reflected in a group of engaged and content interns.

The accreditation panel acknowledges the current workforce shortages across many healthcare roles and that the structural and governance changes within the health service are having a significant impact on prevocational training across the country. The accreditation panel recognises the hard work of all those who work with interns during these challenging times.

### **Strategic priorities, leadership and resourcing**

The Chief Medical Officer holds accountability for the intern training programme. The Director of Clinical Training (DCT) has recently been appointed and is continuing the valuable work done by the CMO since the last accreditation visit. In addition to this, Te Tai Tokerau has increased funding to expand the Medical Education Coordinator (MEU) role and increase the number of prevocational educational supervisors (PES) to accommodate the increasing numbers of interns.

Te Tai Tokerau has worked hard to improve representation of interns on its governance groups. This is highly valued by the interns, who feel they are heard and appropriate action is taken on issues that they raise.

Although there are clearly high levels of commitment demonstrated in action by key players, the formalisation of this in Te Tai Tokerau's strategic documentation is lacking. Te Tai Tokerau must focus on developing a documented strategic plan that supports the delivery and sustainability of high-quality prevocational education and training into the future. Te Tai Tokerau must provide appropriate administrative support for this.

The PES team are highly regarded by the interns in providing support and guidance for both pastoral and professional matters. The PESs, in turn, are well supported by the DCT (who is himself, an experienced PES) and the CMO.

### **Hauora Māori, health equity and culturally safe care**

Te Tai Tokerau cares for a high proportion of Māori patients and provides excellent support for enabling Kaupapa Māori Hauora and health equity by interweaving Te Tiriti o Waitangi principles, tikanga and culturally safe care throughout its strategic planning, patient care and intern education and training. This is also reflected through Te Tai Tokerau's high number of Māori interns which provide a cultural mirror on the population they serve. The interns are well supported by Te Poutokomanawa and the outstanding commitment from the Kaiarai Kaupapa Māori (Cultural Educator).

The panel highly commends Te Tai Tokerau's mahi in this important area and on their recent appointment of a Māori Education Fellow. Areas that require further development are establishing effective relationships with external Māori health providers in order to strengthen these aspects of intern training and education and ensuring that formalised flexible processes are in place for Māori interns who may have additional cultural obligations, to enable those obligations to be met.

### **The intern training programme**

The intern training programme is underpinned by sound medical education principles and supported by the expertise of the DCT and the MEU Coordinator. In addition, many clinical supervisors hold university appointments. The principles underpinning the programme include interns as learners, self-directed learning, learning within social constructs, recognition of the impact of the environment on learning and performance assessment.

Interns are provided with a broad-based clinical experience in their first year, with the opportunity to pursue career or professional development plan interests in a more in-depth manner in their second year. Although many interns are undertaking community based attachments (CBA), Te Tai Tokerau needs to ensure that all interns complete a CBA during their internship.

Te Tai Tokerau has made good progress establishing a robust training programme which encompasses the formal education programme for PGY1 interns; orientation to the hospital; and ensuring that Council's requirements for intern training are met. Te Tai Tokerau must continue work to overcome the barriers to teaching attendance it has identified.

The panel was impressed at the work done through collaborative groups, for example, the Safer Overnight Care Project, and to ensure that issues such as the Council's informed consent processes are adhered to. The DCT has only been in the role for a short period of time, but recognises that there is further work to be done, particularly around monitoring and improving some of the educational strategies already in place, whilst further developing other important work such as orientation to clinical attachments and surgical handovers.

### **Supervision and training programme implementation**

Te Tai Tokerau must establish systems to ensure clinical attachment meetings occur and are recorded in ePort in a timely manner and that currency of clinical attachments is monitored. Clinical supervisors are provided with support from the DCT and the PESs through the Clinical Supervisor Workshops initiative. Moving forward, it is important that systems are put in place to provide anonymised feedback to clinical supervisors on their performance.

The RMO unit has undergone substantial development over the past 18 months and is now a well-functioning unit that provides robust operational support to interns.

Te Tai Tokerau is commended on the progress that it has made in several areas since the last accreditation visit, whilst also acknowledging that there are some areas requiring ongoing improvement.

## Summary of findings

Overall, Te Whatu Ora – Te Tai Tokerau has met 12 of the 21 sets of Council’s 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

11 required actions were identified, along with 13 recommendations and 7 commendations.

Standard	2024 findings	Required actions
1 – Strategic priorities		Substantially met 1
2 – Organisational and operational structures	2.1 The context of intern training	Substantially met
	2.2 Educational expertise	Met
	2.3 Relationships to support medical education	Substantially met
3 – The intern training programme	3.1 Programme components	Substantially met
	3.2 ePort	Met
	3.3 Formal education programme	Substantially met
	3.4 Orientation	Substantially met
	3.5 Flexible training	Met
4 – Assessment and supervision	4.1 Process and systems	Met
	4.2 Supervision – prevocational educational supervisors	Met
	4.3 Supervision – clinical supervisors	Met
	4.4 Feedback and assessment	Substantially met
	4.5 Advisory panel to recommend registration in the General scope of practice	Met
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met
5 – Monitoring and evaluation of the intern training programme		Substantially met 1
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met
	6.2 Welfare and support	Met
	6.3 Communication with interns	Met
	6.4 Resolution of training problems and disputes	Met
7 - Facilities		Met 0

## Required actions

Required action	Standard
<p>1. Te Tai Tokerau must establish a strategic plan for the ongoing development and support of high quality prevocational medical training and education.</p>	<p><b>Strategic priorities</b></p> <p><b>1.2:</b> The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.</p>
<p>2. Te Tai Tokerau must provide appropriate administrative support to plan, develop, implement and review the intern training programme.</p>	<p><b>Organisational and operational structures – The context of intern training</b></p> <p><b>2.1.1:</b> The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement, and review the intern training programme.</p>
<p>3. Te Tai Tokerau must establish effective partnerships with Māori health providers to support intern training and education.</p>	<p><b>Organisational and operational structures – Relationships to support medical education</b></p> <p><b>2.3.3:</b> The training provider has effective partnerships with Māori health providers to support intern training and education.</p>
<p>4. Te Tai Tokerau must ensure that all its interns complete at least one community-based attachment over the course of the two intern years.</p>	<p><b>The intern training programme – Programme components</b></p> <p><b>3.1.6:</b> The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern completes at least one community-based attachment.</p>
<p>5. Te Tai Tokerau must ensure its surgical clinical attachments have structured handover from night to morning and interns in its surgical clinical attachments understand their roles and responsibilities in handover.</p>	<p><b>The intern training programme – Programme components</b></p> <p><b>3.1.9:</b> The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.</p>
<p>6. Te Tai Tokerau must ensure interns can attend at least two thirds of formal education sessions.</p>	<p><b>The intern training programme – Formal education programme</b></p> <p><b>3.3.2:</b> The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.</p>

Required action	Standard
<p><b>7.</b> Te Tai Tokerau must establish structured education sessions for all PGY2s.</p>	<p><b>The intern training programme – Formal education programme</b></p> <p><b>3.3.3:</b> The training provider ensures that all PGY2s attend structured education sessions.</p>
<p><b>8.</b> Te Tai Tokerau must formalise orientation processes for each clinical attachment, that includes formal orientation documentation for each clinical attachment.</p>	<p><b>The intern training programme – Orientation</b></p> <p><b>3.4.2:</b> Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.</p>
<p><b>9.</b> Te Tai Tokerau must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each attachment, and record these meetings in ePort in a timely manner.</p>	<p><b>Assessment and supervision – Feedback and assessment</b></p> <p><b>4.4.1:</b> Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern’s progress in completing the goals in their PDP and the intern’s self-reflections against the 14 learning activities.</p>
<p><b>10.</b> Te Tai Tokerau must establish a system to provide regular feedback to clinical supervisors about their effectiveness.</p>	<p><b>Monitoring and evaluation of the intern training programme</b></p> <p><b>5.5:</b> The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.</p>
<p><b>11.</b> Te Tai Tokerau must have a process to ensure the currency of accredited clinical attachments.</p>	<p><b>Implementing the education and training framework – Establishing and allocating accredited clinical attachments</b></p> <p><b>6.1.1:</b> Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.</p>



## Section B – Accreditation decision

In August 2024, Te Rōpū Mātauranga | The Education Committee of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered this report and resolved that:

- the overall outcome of the assessment for accreditation of Te Whatu Ora – Te Tai Tokerau is **‘substantially met’**, and
- Te Whatu Ora – Te Tai Tokerau is accredited for a period of 4 years, until **31 August 2028**, subject to the following conditions:
  - Te Tai Tokerau must provide progress reports that satisfy the Council that its required actions on its accreditation have been addressed, by the dates specified by the Council
  - Te Tai Tokerau must provide annual reports to Council for the period of its accreditation.

## Section C – Accreditation standards

### 1 Strategic priorities

1 Strategic priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.		
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.		
1.3	The training provider’s strategic plan addresses Māori health and health equity.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every four years.		
1. Strategic priorities			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau Health New Zealand   Te Whatu Ora (Te Tai Tokerau) has demonstrated commitment to high standards of medical practice, education and training. This was apparent across all the staff who participated in the accreditation visit.</p> <p>There is evidence of commitment and action to achieve these high standards, such as by the recent establishment and appointment to the Director of Clinical Training role, but the extent to which it is translated into strategic planning documents is less apparent. Taitokerau Rautaki Hauora 2040   the Te Tai Tokerau Health Strategy 2040 includes seven themes one of which is workforce. Within the workforce theme there are several actions directed towards education, training and skills development. However, these are not specific to prevocational doctors, which creates vulnerability for governance of this group.</p> <p>Te Tai Tokerau must now focus on developing a formalised strategic plan to support the delivery and sustainability of high quality prevocational medical training and education.</p> <p>Taitokerau Rautaki Hauora 2040 is strongly grounded in Te Tiriti and health equity. One of the seven themes is Kaupapa Māori Hauora, and Māori health issues are reflected across each of the other six themes. The actions under each of the seven themes are mapped to Te Tiriti principles.</p> <p>Another example of demonstrating a commitment to high standards is the recent appointment of a Māori Education Fellow. This role has a sharpened focus on medical education, equity and quality improvement projects. The role includes providing cultural support and mentorship to Māori interns and tailoring the training programme to better meet their cultural needs. This is a significant commitment to ensuring the quality of the training experience for Māori interns.</p> <p>The Chief Medical Officer has overall responsibility and accountability for the prevocational education and training programme. There are a range of governance arrangements that support this. The Clinical Governance Board’s terms of reference do not provide for intern representation, but Te Tai Tokerau has advised that there is opportunity for RMO attendance at the district Clinical Governance</p>			

Board meetings. The Intern Governance Group has oversight of the prevocational training programme. At the time of the accreditation visit, it was chaired by the Chief Medical Officer but will be chaired by the Director of Clinical Training going forward, and includes intern representation. The Medical Executive Leadership Team has oversight of medical workforce issues and planning for the hospital at large, including oversight of SMO and RMO relationships and training and supervision; its terms of reference provide for two RMO representatives. The Prevocational Education Supervisory Group oversees and promotes excellence and high standards in the prevocational education and training programme. This group does not include intern representation, which is appropriate, given one of its roles is managing individual intern performance.

Interns report that their voice is heard in the governance of their education and training programme.

Te Tai Tokerau engages in the regular accreditation cycle, and the reporting requirements between accreditation visits.

**Commendations:**

- Te Tai Tokerau is commended for the emphasis it has placed on Te Tiriti and health equity, and for the investment it has made in the appointment of a Māori Education Fellow (standard 1.3).
- Te Tai Tokerau is commended for the high level of intern representation it has provided for in the governance of the prevocational education and training programme (standard 1.5).

**Recommendations:**

- Te Tai Tokerau should further formalise its commitment to high standards of medical practice, education, and training in its strategic planning documentation (standard 1.1).

**Required actions:**

1. Te Tai Tokerau must establish a strategic plan for the ongoing development and support of high quality prevocational medical training and education (standard 1.2).

## 2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement, and review the intern training programme.		
2.1.2	The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau plans and implements its own intern training programme. This is independent of the Auckland regional programmes, with links being built and strengthened over time to the Auckland region. There are clear organisational and operational structures to manage interns. The CMO has accountability for Te Tai Tokerau meeting high prevocational education and training standards. However, with the restructure of Te Whatu Ora, the CMO no longer reports at an executive level.</p> <p>A DCT position has recently been established to provide oversight and development of the intern training programme. Council recognises the positive impact of the appointment of the DCT in further developing the valuable work led by the CMO since the last accreditation visit. Currently, a high-quality training programme is in place, however, the addition of the DCT will allow development and implementation of formal review processes, so that issues can be managed in a more proactive fashion. The new DCT is insightful and committed to providing this support. The DCT has direct oversight of, and supports, the PES team and the Medical Education Unit (MEU) Coordinator. Educational support is provided by the DCT, the PES team, clinical supervisors and the MEU Coordinator.</p> <p>The PESs provide general educational supervision, pastoral care, career and professional development guidance to interns. They also ensure that the interns meet the Council's regulatory requirements. Te Tai Tokerau has appropriately increased its number of PESs to accommodate the increasing number of interns, since the last accreditation visit.</p> <p>The MEU Coordinator's FTE has increased since the last accreditation, to facilitate the coordination, delivery and evaluation of the formal medical education programme, and to support and coordinate the responsibilities of the PESs. The MEU Coordinator also monitors ePort and provides some training to the clinical supervisors.</p> <p>Interns have a clinical supervisor for each run, who has oversight of their day-to-day clinical performance. Operational matters are managed by the RMO Unit, with involvement of the DCT, PES and MEU Coordinator for specific issues such as PGY2 attachment allocations or practical support for interns in difficulty. The RMO unit has undergone substantial development over the past 18 months and is now a well-functioning unit that provides robust operational support to interns.</p> <p>Te Poutokomanawa (the Māori Health Unit) provides education and support to interns to provide a Kaupapa Māori approach to patient care. The recently appointed Māori Education Fellow provides mentorship for Māori interns.</p>			

There is no administrative support for the MEU Coordinator and the administrative support for the DCT is contingent on the clinical service in which they work; this has resulted in fragile and inadequate administrative support for these roles. The CMO has presented a business case for resourcing of this administrative support requirement, however, funding has yet to be secured.

Regular updates from Te Tai Tokerau since the last accreditation in 2021 demonstrate a clear understanding of the need to notify Council of changes in a health service or the intern training programme that may significantly impact intern training.

**Required actions:**

- Te Tai Tokerau must provide appropriate administrative support to plan, develop, implement and review the intern training programme (standard 2.1.1).

## 2.2 Educational expertise

2.2.1 The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

### 2.2 Educational expertise

	Met	Substantially met	Not met
Rating	<b>X</b>		

**Commentary:**

**Comments:**

The intern training programme at Te Tai Tokerau is underpinned by sound medical education principles in order to provide a broad based education, which can be demonstrated in the 14 learning activities. A combination of the clinical apprenticeship model, bedside teaching and the formal education programme form the basis of the programme delivery. Interns are able to provide feedback on their learning needs to inform future iterations of the formal education programme. Interns can provide preferences based on their professional development requirements or career aspirations for their PGY2 clinical attachments, which are able to be accommodated the majority of the time.

Te Tai Tokerau has close relationships with the University of Auckland. Many senior clinical staff have university appointments and the PES team has extensive teaching experience. This reflects positively on the medical education experience delivered to the interns.

## 2.3 Relationships to support medical education

2.3.1 There are effective working relationships with external organisations involved in training and education.

2.3.2 The training provider coordinates the local delivery of the intern training programme or collaborates in such coordination when it is part of a network programme.

2.3.3 The training provider has effective partnerships with Māori health providers to support intern training and education.

### 2.3 Relationships to support medical education

	Met	Substantially met	Not met
Rating		<b>X</b>	

**Commentary:**

**Comments:**

With the appointment of a DCT, Te Tai Tokerau is developing regional and national relationships to support intern education and training through the Te Whatu Ora National DCT Network, in addition to collaboration with the Medical Education Officer Network.

Te Tai Tokerau coordinates its own delivery of the intern training programme, but participates in collaborative endeavours when opportunities arise. Te Tai Tokerau is keen to investigate ways in which learning opportunities through formal teaching can be delivered, through collaboration with other regional providers.

Te Tai Tokerau has made significant investment in the development of Te Poutokomanawa (Māori Health Directorate) in recent years. The creation and disestablishment of Te Aka Whai Ora has impacted this team, leaving a gap in the capacity for Te Poutokomanawa to support Te Tai Tokerau. However, excellent support has been ongoing through the Kaiarai Kaupapa Māori (Cultural Educator); who has developed and maintained a bespoke cultural training programme for the intern group. The centralised changes have also reduced Te Tai Tokerau's opportunities to forge and maintain relationships with external Māori health providers.

Te Tai Tokerau has instituted the role of a Māori Education Fellow to provide more comprehensive cultural support and mentorship to Māori interns and other RMOs. The intent is that the Māori Education Fellow will also help to tailor the intern training programme to support intern cultural safety.

Te Tai Tokerau has good relationships with the University of Auckland. Te Tai Tokerau has fostered strong relationships through community-based attachments with primary care providers, and Northland Hospice. This has enabled the provision of high-quality teaching and learning opportunities available in CBAs.

**Required actions:**

3. Te Tai Tokerau must establish effective partnerships with Māori health providers to support intern training and education (standard 2.3.3).

### 3 The intern training programme

3.1 Programme components			
3.1.1	The intern training programme is structured to support interns to attain the learning outcomes outlined in the 14 learning activities of the curriculum.		
3.1.2	The intern training programme requires the satisfactory completion of eight accredited clinical attachments, which in aggregate provide a broad-based experience of medical practice.		
3.1.4	<p>The training provider selects suitable clinical attachments for training based on the experiences that interns can expect to achieve, including the:</p> <ul style="list-style-type: none"> <li>• workload for the intern and the clinical unit</li> <li>• complexity of the given clinical setting</li> <li>• mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.</li> </ul>		
3.1.5	<p>The training provider has processes that ensure that interns receive the supervision and opportunities to:</p> <ul style="list-style-type: none"> <li>• enhance their skills, understanding and knowledge of hauora Māori</li> <li>• develop their cultural safety and cultural competence, and</li> <li>• deliver patient care in a culturally-safe manner.</li> </ul>		
3.1.6	The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern completes at least one community-based attachment.		
3.1.7	Interns are not rostered on nights during the first six weeks of PGY1.		
3.1.8	The training provider has a process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.		
3.1.9	The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.		
3.1.10	The training provider ensures adherence to the Council’s policy on obtaining informed consent.		
3.1 Programme components			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau provides and maintains an intern training programme that is aligned with the 14 learning activities. It recognises that cultural safety and competency underpin all the learning activities and so appropriately interweave these throughout the training programme.</p> <p>Te Tai Tokerau ensures that all interns complete eight accredited clinical attachments to provide a broad-based clinical experience. Interns receive specialty-specific training experiences within their clinical attachments during their core working hours, whilst receiving more general training experiences when providing after-hours care. The focus on surgical and medical clinical attachments in PGY1, followed by the flexibility and variety of the PGY2 clinical attachments, provides a balance between breadth and depth of experience. The provision of two consecutive clinical attachments in the same specialty during PGY2, enables interns to pursue career goals or areas of interest. PGY2s complete a maximum of two relief clinical attachments.</p> <p>Te Tai Tokerau has a system that allows the selection of clinical attachments that are appropriate for an intern’s predicted level of skill and experience, and consideration of interns’ career aspirations. Interns that have specific learning needs or require extra support, receive particular consideration for</p>			

allocations. Appropriate adjustment of the workload and supervision on a clinical attachment is possible, if required.

Te Tai Tokerau, in partnership with Te Poutokomanawa, has undertaken work in creating and delivering sessions to support the interns in developing, enhancing, and delivering patient care in a culturally safe manner. The formal education programme has cultural safety interwoven through its sessions, and there are specific sessions dedicated to developing skills and knowledge in this area. Takawaenga | Māori Health Advocates support on the wards is an invaluable resource for interns and patients, and this continues to be expanded and utilised by interns. Whilst in its early stages, the work instituting the Takarangi Cultural Competency framework is promising and innovative.

Currently, not all interns complete a community-based attachment during their two-year internship. Te Tai Tokerau has made efforts to identify barriers to meeting this standard and is continuing work to increase access and allocation of CBAs to all interns.

Interns are not rostered to nights in the first 6 months of PGY1.

The safety of Whangarei hospital at night has been reviewed through the Safer Overnight Care Project. Interns report feeling supported overnight, and value the changes from this project. Adjuncts, such as the MedTasker app, also offer more support for interns overnight, however, these are yet to be fully implemented.

Most clinical services have clear and effective structured handovers at key transition points, which are appropriately supported by senior clinicians. Interns are clear on their role and responsibilities during handover on most clinical attachments. However, interns expressed that a structured morning handover did not occur for interns on surgical attachments. In addition, they felt that their responsibilities in surgical handover were unclear.

Since its last accreditation, Te Tai Tokerau has undertaken considerable assessment and improvement processes around informed consent. A substantial number of resources on informed consent have been made available to interns. Interns report that they are not expected to inappropriately take informed consent, and this was supported by the clinical supervisors and the PESs.

**Commendations:**

- Te Tai Tokerau is commended for the quality of the work completed by its Kaiarai Kāupapa Māori | Cultural Educator (standard 3.1.5).

**Recommendations:**

- Te Tai Tokerau should continue its planned implementation of the Takarangi Cultural Competency Framework (standard 3.1.5).

**Required actions:**

4. Te Tai Tokerau must ensure that all its interns complete at least one community-based attachment over the course of the two intern years (standard 3.1.6).
5. Te Tai Tokerau must ensure its surgical clinical attachments have structured handover from night to morning and interns in its surgical clinical attachments understand their roles and responsibilities in handover (standard 3.1.9).

## 3.2 ePort

- 3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.



- 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the learning activities, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<b>Comments:</b>			
<p>Te Tai Tokerau maintains a strong commitment to the interns' use of ePort to maintain their PDP, goal setting and progression through the required learning activities. ePort use is highlighted during the orientation week and in the initial meetings between interns and their PES.</p> <p>Although interns report that they do not recall receiving specific training in goal setting, the PESs and MEU coordinator report that this is discussed during orientation and expanded upon at the first meeting between interns and their PES.</p> <p>There are clear systems in place to ensure interns maintain their ePort and PDP. The MEU Coordinator monitors and reminds interns of their ePort activity responsibilities. Cases when interns are not sufficiently engaged with their ePort are escalated appropriately to the PESs, DCT and if required, the CMO.</p>			
<b>Recommendations:</b>			
<ul style="list-style-type: none"> <li>Te Tai Tokerau should improve the effectiveness of training on goal setting skills for its interns (standard 3.2.4).</li> </ul>			

3.3 Formal education programme			
3.3.1	The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.		
3.3.2	The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.		
3.3.3	The training provider ensures that all PGY2s attend structured education sessions.		
3.3.4	The formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health.		
3.3.5	The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.		
3.3.6	The training provider provides opportunities for additional work-based teaching and training.		
3.3 Formal education programme			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<b>Comments:</b>			
<p>Te Tai Tokerau's PGY1 formal education programme appropriately addresses the learning outcomes not covered by clinical attachments, through a range of educational techniques. The programme benefits from involvement from services such as Te Poutokomanawa that allows for ongoing education in cultural</p>			

safety and competency and its importance in all learning activities. Teaching session topics are varied and appropriately timed to ensure key topics are prioritised.

Interns are advised that they are expected to attend two thirds of protected teaching sessions. In 2023, not all interns met this threshold. Te Tai Tokerau reports multiple barriers to attendance such as leave, workloads of interns preventing them leaving the wards, and services being unwilling to release interns. Te Tai Tokerau has attempted to address these barriers through posters in key areas, regular reminder emails to staff and interns, and regular discussion at the Intern Governance Group. When specific interns are falling behind there are clear mechanism to address these individual barriers and highlight the importance of attending protected teaching.

There is no formal education programme for PGY2s. This group receives specialty-specific teaching in some, but not all, clinical attachments. Attendance at these structured education sessions is not monitored.

The formal education programme delivers considerable content on Hauora Māori and Tikanga Māori. Māori health equity is addressed in dedicated teaching sessions and interwoven throughout the education programme.

The formal education programme has recently delivered a small number of sessions regarding skills in self-care, peer support and managing stress and burn-out. Te Tai Tokerau seeks to build upon and develop these further in its formal education programme.

In addition to the formal education sessions provided, interns can access a wide variety of resources and additional work-based teaching and training, such as grand rounds; simulation courses; departmental meetings; and online courses.

**Commendations:**

- Te Tai Tokerau is commended for the quality of training content provided on Hauora Māori, Tikanga Māori and Māori health equity (standard 3.3.4).

**Recommendations:**

- Te Tai Tokerau should consider extending and embedding opportunities in the formal education programme for interns to develop skills in self-care, peer support and identifying and managing stress and burn-out (standard 3.3.5).

**Required actions:**

6. Te Tai Tokerau must ensure interns can attend at least two thirds of formal education sessions (standard 3.3.2).
7. Te Tai Tokerau must establish structured education sessions for all PGY2s (standard 3.3.3).

3.4 Orientation			
3.4.1	An orientation programme is provided for interns beginning employment at the start of the intern year and for interns beginning employment part way through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme.		
3.4.2	Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.		
3.4 Orientation			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
Comments:			

In response to feedback from interns (via the Intern Governance Group), Te Tai Tokerau has developed a robust and comprehensive orientation programme. Orientation starts with a full day marae visit, which is highly valued by interns. Orientation also covers key policies, protocols, individuals and services relevant to interns that work in Te Tai Tokerau.

The RMO unit provides a smaller half-day orientation programme for interns who start work at Te Tai Tokerau at later times during the year.

Te Tai Tokerau recognises that clinical attachment-specific orientation is, in general, not being undertaken in a structured way. Written orientation documents are lacking for most attachments, and interns often do not receive orientation at the start of their attachment. Te Tai Tokerau senior staff have identified this as a key area for development and have initiated a review and reconciliation process that aims to correct this in the future.

**Required actions:**

8. Te Tai Tokerau must formalise orientation processes for each clinical attachment, that includes formal orientation documentation for each clinical attachment (standard 3.4.2)

### 3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

#### 3.5 Flexible training

	Met	Substantially met	Not met
Rating	<b>X</b>		

**Commentary:**

**Comments:**

The CMO, DCT and PESs currently assess flexible training arrangements on a case-by-case basis. There is currently no formalised procedure for flexible training arrangements. Te Tai Tokerau is collaborating at a regional level on a Less Than Full Time Work guideline, however this is yet to be operationalised.

**Recommendations:**

- Once approved, Te Tai Tokerau should operationalise the pending Less Than Full Time Work guideline in a fair and transparent way (standard 3.5.1).

## 4 Assessment and supervision

4.1 Process and systems			
4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.			
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau has systems in place to ensure that all interns understand the requirements of the training programme. There is good two-way communication between interns and those involved in delivering intern training. Te Tai Tokerau defines and communicates its expectations of timings and frequency of meetings between interns and their clinical supervisors and PESs. There is universal agreement that a more coordinated, team approach has facilitated interns meeting the requirements of the training programme.</p> <p>The expectations and requirements of the intern training programme are highlighted during interns' formal orientation and then expanded on during the interns' initial meetings with their PESs. The MEU Coordinator also monitors these requirements, such as attendance at teaching sessions, and communicates these with the interns regularly.</p>			

4.2 Supervision – Prevocational educational supervisors			
4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.			
4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.			
4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.			
4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.			
4.2 Supervision – Prevocational educational supervisors			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b></p> <p>Since the last accreditation, Te Tai Tokerau has recently increased its number of PES to five in line with increasing intern numbers and the need to meet Council's requirements. The PES team is led by the DCT, who is also an experienced PES. The PESs are highly regarded by the interns in providing support and guidance for both pastoral and professional matters.</p> <p>The established PESs attend the annual Council meetings; the newer PESs are committed to attend at the earliest opportunity.</p> <p>The DCT provides oversight to the PESs under the delegated authority of the CMO. There is a Prevocational Education Supervisory Group which meets quarterly to discuss the intern training programme and how to best support any interns in difficulty. Previously, the CMO met with the individual PESs for annual appraisal and feedback. This responsibility now lies with the DCT.</p>			

The MEU coordinator provides some administrative support for the PES such as organising and coordinating intern meetings, organising panel meetings and supporting interns to understand and complete their training requirements; this enables PES to complete their roles effectively.

### 4.3 Supervision – Clinical supervisors

- 4.3.1 Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.
- 4.3.2 Interns are clinically supervised at a level appropriate to their experience and responsibilities.
- 4.3.3 Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning their supervisory role. This must be within 12 months of appointment as a clinical supervisor.
- 4.3.4 The training provider maintains a small group of clinical supervisors for relief clinical attachments.
- 4.3.5 All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

### 4.3 Supervision – Clinical supervisors

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

#### Comments:

Clinical supervisors are nominated by their clinical service directors and meet Council’s requirements of being registered in vocational scope of practice. Te Tai Tokerau intends that the DCT will have oversight of this process in the future.

Clinical supervisors’ training in clinical supervision is provided through several means. Many vocationally trained clinical supervisors undergo mandatory training in this through their professional colleges. In addition, Council’s clinical supervision training module is available and the DCT has set up a biannual clinical supervisor workshop for ongoing training and upskilling of clinical supervisors. This workshop clearly articulates the requirements of intern training and the resources available to facilitate the process. The DCT also meets with new clinical supervisors to orientate them to their role.

Interns report they are well supported by SMOs and registrars. There is always a senior to escalate to and the policies and procedures around escalation are covered during orientation.

There are a small number of clinical supervisors appointed specifically for relief runs; Te Tai Tokerau continues to look to expand this pool to meet the intern needs. Te Tai Tokerau has also updated the Intern Relief Logbook to improve feedback during relief runs.

Clinical supervisors report they have access to the necessary time and funds for professional development activities, to support their teaching and educational practice.

#### Commendations:

- Te Tai Tokerau is commended for its DCT’s induction meetings with new clinical supervisors (standard 4.3.1).

### 4.4 Feedback and assessment

- 4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern’s progress in completing the goals in their PDP and the intern’s self-reflections against the 14 learning activities.

- 4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented, and implemented with a focus on supporting the intern and patient safety.
- 4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 Feedback and assessment			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<b>Comments:</b>			
<p>The MEU Coordinator oversees a system that reminds clinical supervisors and PESs to complete their end of attachment assessments and interns' progress in completion of their goals and learning activities. Although the interns report that they regularly receive feedback from clinical supervisors, this is not always formally documented on ePort. ePort statistics for beginning, mid and end of attachment meetings demonstrate that meetings frequently do not occur or are not recorded within the expected timeframe. A timeline with specific dates for completion of beginning, mid and end of attachment meetings has been circulated to supervisors with the aim to improve this.</p> <p>Te Tai Tokerau has clear processes for identifying interns who are not performing at the required standard. These processes include taking a holistic and escalating approach to ensure that interns experiencing difficulties are appropriately supported. An 'Intern in Difficulty' escalation plan exists and the includes timely notification of issues to Council.</p>			
<b>Required actions:</b>			
9. Te Tai Tokerau must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each attachment, and record these meetings in ePort in a timely manner(standard 4.4.1).			

4.5 Advisory panel to recommend registration in the General scope of practice			
4.5.1	<p>The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:</p> <ul style="list-style-type: none"> <li>• a CMO or delegate (who will chair the panel)</li> <li>• the intern's prevocational educational supervisor</li> <li>• a second prevocational educational supervisor</li> <li>• a layperson.</li> </ul>		
4.5.2	The panel follows Council's <i>Advisory Panel Guide &amp; ePort guide for Advisory Panel members</i> .		
4.5.3	There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.		
4.5.4	There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.		
4.5.5	<p>The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:</p> <ul style="list-style-type: none"> <li>• satisfactorily completed four accredited clinical attachments</li> <li>• substantively attained the learning outcomes outlined in the 14 learning activities of the curriculum</li> <li>• developed an acceptable PDP for PGY2, to be completed during PGY2</li> <li>• achieved advanced cardiac life support (ACLS) certification at the standard of the New Zealand Resuscitation Council CORE Advanced less than 12 months old.</li> </ul>		
4.5 Advisory panel to recommend registration in the General scope of practice			
	Met	Substantially met	Not met
Rating	X		

<b>Commentary:</b>
<p><b>Comments:</b></p> <p>Te Tai Tokerau conducts advisory panels to consider interns’ progress at the end of the PGY1. The composition and conduct of panels are as prescribed by the Council and its guide. In addition, interns are invited to attend their own panel. This novel initiative has been welcomed by interns and panel members alike.</p> <p>The MEU oversees the process that identifies interns who are eligible for consideration by an advisory panel and ensures that they have applied for general registration.</p> <p><b>Commendations:</b></p> <ul style="list-style-type: none"> <li>Te Tai Tokerau is commended for the interns’ encouraged presence at advisory panel meetings (standard 4.5.5).</li> </ul>

<b>4.6 End of PGY2 – removal of endorsement on practising certificate</b>
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4.6.1	There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.
4.6.2	There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

<b>4.6 End of PGY2 – removal of endorsement on practising certificate</b>
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	Met	Substantially met	Not met
<b>Rating</b>	<b>X</b>		

<b>Commentary:</b>
<p><b>Comments:</b></p> <p>The MEU Coordinator monitors PGY2 interns’ applications for endorsement removal. The PESs remind the interns to apply for endorsement removal and ensure Council’s requirements are met.</p>

## 5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme			
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.		
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.		
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.		
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.		
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.		
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.		
5.7	The training provider reports to Council annually against these standards to advise on significant changes to its intern training programme.		
5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau has effective and systematic processes for monitoring and evaluation of the intern training programme. It provides multiple opportunities for feedback such as surveys and through meetings with interns' PESs. Feedback is sought on the content and timing of the formal education programme. The MEU Coordinator role coordinates collection and collation of some of this feedback which has strengthened the feedback process. Interns also can provide feedback during their own advisory panel meetings. Both the DCT and the CMO have 'open door' policies and are seen as approachable if concerns need to be raised. Intern representation on the Intern Governance Group provides a valuable way in which interns can provide feedback. Te Tai Tokerau responds appropriately to the feedback gained from both interns and supervisors via collaborative quality improvement projects.</p> <p>While Te Tai Tokerau evaluates its beginning-of-year orientation, there is no monitoring or evaluation of the intern training programme for interns that start part way through the year.</p> <p>As PGY2 teaching is service specific, any monitoring or evaluation of the effectiveness of this teaching is not managed or overseen through the intern training programme's structures.</p> <p>Te Tai Tokerau, working with Health New Zealand Northern, surveys interns anonymously at the end of each clinical attachment about their educational experience. Survey results are collated and distributed to the RMO unit, and considered at Intern Governance Group and PES group meetings. While the collection method is anonymous, the environment of a smaller hospital where low numbers of interns working in any one clinical service, risks compromising the anonymity of those providing feedback; this can be compounded by low response rates to surveys. Despite the concerns this provokes, interns provided examples of when critical feedback had been given and been acted on.</p> <p>PESs are highly engaged in quality improvement of the intern training programme. Te Tai Tokerau's clinical supervisor workshops include an opportunity to obtain feedback from clinical supervisors.</p>			



Te Tai Tokerau established an annual survey in 2022. This seeks feedback on those involved in intern training. Specific questions relating to the RMO unit were included in the most recent survey. Additionally, interns can provide feedback in confidence outside of this survey cycle to the DCT.

Interns are surveyed annually about the support they receive from their PES. The CMO conducts annual performance reviews with each PES, which is in part informed by these anonymised survey results.

Te Tai Tokerau does not have regular embedded processes for evaluating clinical supervisor effectiveness and providing them with feedback.

Te Tai Tokerau monitors issues and takes steps to address any matters raised by Council, including during its accreditation processes. Previously the CMO has been the lead in ensuring that any issues that arise are addressed; moving forward, the DCT will be the lead for this with ongoing support from the CMO. Intern representatives can contribute to any accreditation related reports sought by Council.

Te Tai Tokerau is compliant with Council's expected reporting requirements.

**Commendations:**

- Te Tai Tokerau is commended for its responsiveness to intern feedback, and improvements made to the intern training programme based on such feedback (standard 5.3).

**Recommendations:**

- Te Tai Tokerau should develop ways to evaluate the effectiveness of its orientation programme for interns who start mid-way through the year (standard 5.1).
- Te Tai Tokerau should evaluate the effectiveness of teaching to PGY2s (standard 5.1).
- Te Tai Tokerau should consider ways to preserve the anonymity of interns on clinical attachments where few interns are undertaking those attachments, such as through aggregating feedback across several quarters (standard 5.2).

**Required actions:**

10. Te Tai Tokerau must establish a system to provide regular feedback to clinical supervisors about their effectiveness (standard 5.5).

## 6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.		
6.1.2	The training provider has processes for establishing new clinical attachments.		
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.4	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, taking into account the 14 learning activities and the intern's individual PDP goals in the context of available positions.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau does not currently have a mechanism in place to assess and monitor the currency of clinical attachments. This is done on an ad hoc basis, only if issues arise.</p> <p>The PGY1 interns are allocated to four appropriate clinical attachments by the RMO Unit. Each intern is allocated both a medical and a surgical attachment during their first year. The interns consider this process to be fair and appropriate.</p> <p>Interns consider the allocation process for PGY2 attachments to be fair and transparent and takes into account their career goals, PDP and learning plans. There is the opportunity to do two back-to-back clinical attachments in some specialties to provide an extended immersive experience. All interns who commence their PGY2 at Te Tai Tokerau are allocated a community based attachment. Interns who wish to swap attachments must do so in consultation with the RMO Unit, the relevant PES and the DCT. Swapping out of a community based attachment is discouraged.</p> <p>The MEU coordinator is responsible for coordinating the establishment of new clinical attachments, in collaboration with the relevant service director, PES team, DCT and the CMO.</p> <p><b>Required actions:</b></p> <p>11. Te Tai Tokerau must have a process to ensure the currency of accredited clinical attachments (standard 6.1.1).</p>			

6.2 Welfare and support	
6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high-quality training and safe patient care.
6.2.2	The training provider ensures a safe working and training environment, which is free from bullying, discrimination, and sexual harassment.
6.2.3	The training provider ensures a culturally safe environment.
6.2.4	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.
6.2.5	The procedure for accessing appropriate professional development leave is published, fair and practical.
6.2.6	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.
6.2.7	Applications for annual leave are dealt with fairly and transparently.
6.2.8	The training provider recognises that Māori interns may have additional cultural obligations and has flexible processes to enable those obligations to be met.

6.2 Welfare and support			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau provides a safe environment for working and training. Good rostering practices with appropriate hours and clinical duties are observed and actively monitored. The interns speak highly of their opportunities and feel supported by their CMO, DCT, PES team, clinical supervisors, RMO unit and MEU Coordinator.</p> <p>Te Tai Tokerau promotes a culturally safe and supportive environment with a zero tolerance for bullying and sexual harassment. Interns feel valued for their clinical work and their contributions to ongoing quality improvement and the organisational structure. The PES team and the RMO unit actively consider the wellbeing of their interns and provide pastoral care to them, and interns can also access the Employer Assistance Programme for personal counselling. Interns are encouraged to register with a GP.</p> <p>The PES team recognize that the breadth of career advice required to guide the interns may be outside their areas of expertise. The PESs acknowledge that their knowledge of different training pathways and career advice requires development to better support the intern group.</p> <p>The PGY2 interns can apply for and take medical education leave which is aligned to their professional development and future career.</p> <p>Leave is allocated on a first come, first served basis rather than based upon formal processes. Interns report access to leave is acceptable. Bereavement leave for tangi is reported to be easily accessible. However, there is no formal policy to ensure leave is provided for tangi or for other cultural obligations.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Te Tai Tokerau should develop a policy to guide the allocation of all leave (standard 6.2.5, 6.2.7 &amp; 6.2.8).</li> <li>• Te Tai Tokerau should encourage its PESs to continue to develop their career advice awareness (standard 6.2.4).</li> <li>• Te Tai Tokerau should formalise its processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met.</li> </ul>			

6.3 Communication with interns			
6.3.1	Clear and easily accessible information about the intern training programme is provided to interns.		
6.3 Communication with interns			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b></p> <p>There is clear and accessible information for interns and supervisors regarding the intern training programme. The MEU Coordinator sends regular updates and quarterly newsletters; these are welcomed by the interns.</p> <p>There are frequent scheduled reminders from the MEU Coordinator and RMO unit about key events, responsibilities and requirements of the intern training programme. Registration and endorsement removal requirements are well-communicated at appropriate times.</p>			
6.4 Resolution of training problems and disputes			

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.			
6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.			
<b>6.4 Resolution of training problems and disputes</b>			
	Met	Substantially met	Not met
Rating	<b>X</b>		
<b>Commentary:</b>			
<p><b>Comments:</b>  Interns feel well supported by the clinical supervisors, PESs, DCT and CMO; interns feel they can raise concerns and trust them to respond appropriately. All levels of staff were able to articulate the process for escalating a training related issue and their responsibility in the process. There are regular PES meetings to collaboratively manage training-related disputes. There is a process for training-related disputes, however, this is not formalised in local policy.</p>			

## 7 Facilities

7 Facilities			
7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
7. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p><b>Comments:</b></p> <p>Te Tai Tokerau has a range of facilities that contribute to intern training and education. Interns can access a well-resourced library containing multiple physical and online resources. Online resources include Te Tai Tokerau intranet resources and clinical resources such as UpToDate. Library staff are helpful and able to facilitate access to appropriate online resources. Previously, interns had a formal orientation to the library, however, this no longer occurs.</p> <p>Interns reported that Wi-Fi access was variable throughout the hospital, but improvements had recently been undertaken.</p> <p>There is adequate space to cater for interns attending the formal education programme sessions. There is a clinical training centre that is appropriately resourced and utilised for simulations, training courses and professional development. The computer facilities are adequate to support intern learning.</p> <p>The RMO lounge is located away from the clinical areas and provides a secure space to rest, eat and store belongings. There are shower and changing facilities available in multiple areas. The RMO room is well stocked with groceries. Interns reported that an extra computer in the RMO room could improve access to online resources.</p> <p>The PESSs, DCT and RMO unit staff have adequate working space and areas where they can conduct confidential meetings with interns if required. The RMO unit is somewhat dislocated from the main clinical areas, although interns felt they were welcome when they called in.</p> <p>Te Tai Tokerau dedicates considerable resource to welfare and leisure facilities. RMOs have access to an on-site pool, gym, serenity space and a massage therapist.</p> <p>The staff café provides a range of hot and cold foods and both indoor and outdoor seating.</p> <p>There is dedicated car-parking for afterhours staff to improve safety, and the ability to request security escorts to vehicles. There is adequate car parking and bike facilities.</p> <p>Interns report that Kaitia hospital and community based attachments' clinical sites are adequately resourced with facilities and infrastructure.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Te Tai Tokerau should consider reintroducing orientation to their library resource (standard 7.1).</li> <li>• Te Tai Tokerau should consider how to improve facilities, including WiFi availability, RMO unit location and computer availability (standard 7.1).</li> </ul>			